***BY ORDER OF THE COMMANDER***
***934TH AIRLIFT WING***

***934TH AIRLIFT WING INSTRUCTION***
***48-104***

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***Aerospace Medicine***

# *934 AW BLOOD BORNE PATHOGEN EXPOSURE CONTROL PROCEDURES*

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This instruction implements AFPD 48-1, *Aerospace Medicine Enterprise*. It provides Blood Borne Pathogen Exposure Control Procedures (ECP) for the 934th Airlift Wing. It establishes guidelines for the elimination or minimization of employee exposure to blood and other potentially infectious material and is intended to comply with the requirements of OSHA Standard 1910.1030, Blood Borne Pathogens. The Needlestick Safety and Prevention Act, Public Law 106-430 requires that this procedure be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The annual review shall reflect changes in technology that eliminate or reduce exposure to blood borne pathogens. The review should also consider implementing commercially available and effective medical devices designed to minimize or eliminate occupational exposure. This AWI applies to all military and civilian workers at the 934 AW who may encounter routine or non-routine occupational exposure to blood borne pathogens including Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV). Refer recommended changes and questions about this publication to 934 MSG/SGPB using the AF Form 847, Recommendation for Change of Publication; route the form directly to the 934 MSG/ SGPB at Minneapolis St Paul ARS. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of in accordance with Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS). The use of the name or mark of any specific manufacturer, commercial product, commodity, or service in this publication does not imply endorsement by the Air Force.

*SUMMARY OF CHANGES*

This document has been substantially revised and must be completely reviewed.

**1. Scope.**

1.1. The Federal OSHA Blood Borne Pathogens Standard covers all employees who could "reasonably anticipate", as the result of performing their job duties, to have contact with blood and other potentially infectious materials. "Good Samaritan" acts such as assisting a coworker with a nosebleed would not be considered occupational exposure. For AFRC, this includes personnel designated by the commander as responsible for medical assistance as part of their job.

**2. Definitions.**

2.1. Biohazard Label. The biohazard label shall have the biohazard symbol, the word BIOHAZARD,and be fluorescent orange or orange-red, with lettering or symbols in a contrasting color.

2.2. Blood. Human blood, human blood components, and products made from human blood.

2.3. Blood Borne Pathogens. Pathogenic microorganisms that are present in human blood and cancause disease in humans. These pathogens include, but are not limited to HBV and HIV.

2.4. Contaminated. The presence or the reasonable anticipated presence of blood or other potentially infectious materials on an item or surface.

2.5. Contaminated Sharps. Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

2.6. Contaminated Laundry. Laundry that has been obviously soiled with blood or other potentially infectious materials.

2.7. Decontamination. The use of physical or chemical means to remove, inactivate, or destroy blood borne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious articles and the surface of item is rendered safe for handling, use, or disposal.

2.8. Engineering Controls. Controls (e.g. sharps disposable containers, self-sheathing needles) that isolate or remove a blood borne pathogen hazard from the workplace.

2.9. Exposure Incident. A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

2.10. Health Care Professional. A person whose legally permitted scope of practice allows him/her to independently perform the activities required such as giving Hepatitis B Vaccination and accomplishing Post-Exposure Evaluations and Follow-ups.

2.11. Occupational Exposure. Employee skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that results from the performance of duties.

2.12. Other Potentially Infectious Materials.

2.12.1. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, plural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

2.12.2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead).

2.12.3. HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV containing culture medium or other solutions. HIV or HVB infected blood, organs, or other tissues from experimental animals.

2.13. Parenteral. Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

2.14. Personal Protective Equipment. Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g. uniforms, pants, shirts, and blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

2.15. Regulated Waste. Liquid or semi-liquid blood or other potentially infectious material; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

2.16. Source Individual. Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

2.17. Sterilize. The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

2.18. Universal Precautions. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other blood borne pathogens.

2.19. Work Practice Control. Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g. prohibiting recapping of needles by a two-handed technique).

**3. Applicability and Exposure Determination Groups.**

3.1. Listed below are the workers on the Blood-borne Pathogen Program. These workers are determined to be at risk for exposure to blood or potentially infectious material. In addition, these groups are required to have the Hepatitis B vaccination series.

3.2. 934th Aeromedical Evacuation Squadron (AES). All reserve medical personnel regardless of AFSC are covered by this AWI.

3.3. 934th Aeromedical Staging Squadron (ASTS). All reserve medical personnel regardless of AFSC are covered by this AWI.

3.4. 934 CES Fire Fighters. Fire department personnel responsible for rendering medical assistance as part of their duties are covered by this AWI.

3.5. 934 Security Force Squadron. Law enforcement personnel if they are trained in first-aid, and designated by the commander as responsible for rendering medical assistance as part of their duties, then they are covered under this AWI.

3.6. 934 FSS. Dining hall and morgue workers. In Lodging, the supervisors, linen workers and housekeepers may be exposed to blood-borne pathogens and are covered by this AWI.

3.7. Search and Recovery Team. Select workers from the base are in a group that looks for body parts after an aircraft accident. These team members are covered under this AWI.

3.8. All OSS Aircrew Flight Equipment personnel are covered under the Blood-borne Pathogen Program.

3.9. 934 Maintenance Crash Recovery Team. The Crashed, Damaged, Disabled Aircraft Recovery (CDDAR Maintenance Technical Manual) TO 00-80C01, 5 October 2011 states that the workers will have the Hepatitis B shot series.

3.10. Contract employees are not 934 AW personnel and it is their responsibility as a contractor to comply with OSHA standards. The 934 AW has a contract for janitorial services in medical facilities. The contractors are responsible for implementation of this standard for their personnel.

**4. Responsibilities.**

4.1. Commanders/Division Chiefs.

4.1.1. Ensure workers who are at risk for occupational exposure to blood or other potentially infectious materials are adequately protected, receive initial and annual training, and comply with established guidelines and requirements.

4.1.2. Determine which employees have a potential for occupational exposures and document tasks/procedures where exposures may take place. Exposure determination shall be made without considering the use of personal protective equipment.

4.1.3. Establish procedures based on this plan to minimize or eliminate employee risk of exposure. The procedures will be reviewed annually and updated by each section. During the annual review, each section should consider new commercially available and effective/safer medical devices designed to eliminate or minimize occupational exposure.

4.1.4. Train employees (initial and annual) that have reasonable potential for occupational exposure and complete documentation of training on the AF Form 55 or an equivalent product.

4.1.5. Ensure all workers requiring Hepatitis B vaccination have completed the required shot series. Workers on military status can get the shots from ASTS. Civilians and ARTs will go to ASTS for the paper work to go to an off-site contracted clinic for the shots.

4.1.6. Promptly refer exposed workers (and, if possible, the source of the exposure) to Bioenvironmental Engineering/Public Health Office (SGPB). During UTAs, exposed reservists would go to the 934 ASTS for the paper work to go to the VA Medical Center

for evaluation and treatment. Civilians and ARTs would go to their private doctor for evaluation and treatment.

4.1.7. Each unit which uses sharps will maintain a Sharps Injury Log for recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such a manner as to protect the confidentiality of the injured worker.

4.1.7.1. The sharps injury log shall contain the minimum information. The type and brand of device involved in the incident. The department or work area where the exposure incident occurred in the log. An explanation of how the incident occurred.

4.1.7.2. The unit shall report to the Safety Office the number of sharp injuries they had during the year. Please send the information to the Safety Office by 15 January for the previous year sharp injuries.

4.2. Bioenvironmental Engineering/Public Health Office (SGPB).

4.2.1. Serves as the point of contact for the administration of this exposure control plan.

4.2.2. During the shop annual industrial hygiene surveillance survey, the bloodborne pathogen program is reviewed for the shop (civilians/ART/TR/AAFES). At that time, the records are reviewed for the workers receiving annual training on the bloodborne pathogen program, and if all workers are current for their hepatitis B shots. ASTS records are reviewed at that time to make sure that the workers receiving the hepatitis B shots are current.

4.2.3. Provide education and training assistance to workplace supervisors, upon request, to help fulfill supervisors' responsibilities as defined in **paragraph 5.3**

4.2.4. Investigate and document incidents of exposure for civilian employees to blood or potentially infectious materials (see paragraph 5.4.).

4.2.5. Refer civilian workers to physician for appropriate hepatitis B vaccinations and/or post-exposure testing/treatment and counseling about pathogen transmission risks, follow-up test required, and symptoms of HBV and HIV infection (see **paragraph 5.4**, **5.5** and **5.6**).

4.3. 934th Aeromedical Staging Squadron.

4.3.1. ASTS gives the hepatitis B vaccination to the 934 Traditional Reservists that are on the bloodborne pathogen program.

4.3.2. Investigate and document any reservist exposures to blood or potentially infectious materials (see **paragraph 5.5**).

4.3.3. Counsel exposed reservists about pathogen transmission risks, follow-up tests required, symptoms of HBV and HIV infection, and the sensitivity and limitations for use of the HBV and HIV status of the source blood (if known) (see **paragraph 5.5** and **5.6**).

4.3.4. Send civilians occupationally exposed to blood borne pathogens to his/her private doctor for medical workup, any follow-up tests required; counseling on pathogen transmission risks, symptoms of HBV and HIV infection, HBV and HIV status of the source blood (if known).

4.3.5. Maintain medical records for civilian and military employees (see **paragraph 5.7**).

4.4. Contractors will follow the OSHA Blood Borne Pathogen Standard.

## 5. General Management Procedures.

5.1. Clean-up Procedures for Small Amounts of Blood or Body Fluids.

5.1.1. Each building should have clean-up equipment in the janitor's closet (gloves, soap, mop and bucket). The building manager can assign any person from the building to clean up a blood borne pathogen spill. The person can wear protective clothing (**5.1.2** and **5.1.3**) and clean up the spill by procedures **5.1.4** and **5.1.5**.

5.1.2. Wear rubber, neoprene or waterproof work gloves during the cleaning process.

5.1.3. Wear shoe covers and apron if you suspect potential exposure to blood during the cleaning operation.

5.1.4. Wash the area with plenty of soap and cold water (or 1 to 10 ratio of bleach and water). Do not use hot water on clothes and laundry, because stains will set with hot water.

5.1.5. After the cleanup, dispose of gloves and wash hands with soap and water. The clean-up solutions can be poured down the sanitary drain.

5.1.6. Report the clean-up incident to SGPB (713-1608).

5.2. Engineering and Work Practice Controls.

5.2.1. Universal Precautions. OSHA mandates the use of universal precautions and treatment of body fluids/materials as if infectious. Employees will be required to use appropriate personal protective equipment.

5.2.2. Handling Materials. All procedures involving blood or potentially infectious materials shall be performed in a manner to minimize splashing, spraying, spattering, and generation of droplets of these substances.

5.2.3. Washing Hands. Employees shall wash their hands and any other skin with soap and water (or 1 to 10 ratio of bleach and water) as soon as feasible following contact of such body areas with blood or other potentially infectious materials and/or after removal of gloves or other personal protective equipment. If hand-washing facilities are not available the employee shall use hand cleanser in conjunction with clean cloth/paper or towel lattes. When hand cleansers or towel lattes are not available, hands shall be washed as soon as feasible.

5.2.4. Containers. Specimens of blood or other potentially infectious materials shall be placed in a container that prevents leakage during collection, handling, processing, storage, transport, or shipping. Biohazard labels must be affixed to containers of regulated waste, refrigerators and freezers and other containers that are used to store or transport blood or other potentially infectious materials. Red bags or containers may be used instead of labeling. Blood that has been tested and found free of HIV or HBV and has been released for clinical use and regulated waste that has been decontaminated need not be labeled.

5.2.5. Contaminated Sharps. Contaminated needles and other contaminated sharps shall not be bent. No routine recapping of needles. Exception to the recapping of the needle rule: where no alternative exists, one-handed or device assisted recapping can be done. Shearing or breaking of contaminated needles is prohibited. Contaminated sharps shall be placed in a sharp disposable container. The container shall be closable, puncture resistant, biohazard label and leak-proof on the sides and bottom.

5.2.6. Contaminated Wastes Other Than Sharps.

5.2.6.1. Contaminated wastes will be placed in containers that are closable, prevent leakage, and display a biohazard label. The container must be closed before removal to prevent the contents from spilling. If the outside of a container becomes contaminated, it must be placed within a second suitable container. The second container will have a biohazard label.

5.2.6.2. Equipment that may become contaminated with blood or other potentially infectious materials will be examined post-use and prior to servicing or shipping and be decontaminated as necessary. A biohazard label shall be attached to the equipment stating portions that remain contaminated.

5.2.6.3. Contaminated laundry shall be placed in bags or containers that are closable, prevent leakage, and display a biohazard label.

5.2.7. Eating Food, Drinking, Smoking, etc. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of contact with infectious material. Food and drink shall not be kept in refrigerators, freezers, shelves, and cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.

5.2.8. Mouth Pipetting. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

5.2.9. Personal Protective Equipment. If there is reasonable potential for occupational exposure to blood borne infectious materials, the employee will use appropriate personal protective equipment. This equipment will be provided to the employee at no cost. The equipment may be gloves, gowns, laboratory coats, face shields or masks, eye protection, mouthpieces, resuscitation bags, pocket masks, and/or other ventilation devices. The supervisor shall determine the appropriate personal protective equipment to be used and ensure that the employees use them.

5.2.9.1. The supervisor maintains the personal protective equipment by repair or replacement as needed.

5.2.9.2. If blood or other potentially infectious materials penetrate a garment, the garment shall be removed as soon as feasible.

5.2.9.3. All personal protective equipment shall be removed prior to leaving the work area.

5.2.9.4. When potentially contaminated personal protective equipment is removed; it shall be placed in biohazard containers for storage, washing, decontamination or disposal.

5.2.10. Gloves.

5.2.10.1. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood or other infectious material.

5.2.10.2. Disposable (single use) gloves such as surgical or examination gloves, must be changed after each patient contact, as soon as feasible if they are torn, punctured, contaminated, or their ability to function as a barrier is compromised.

5.2.10.2.1. Disposable gloves shall not be washed or decontaminated for re-use.

5.2.10.2.2. If an employee has an allergic reaction to gloves provided, use hypoallergenic gloves, glove liners, powder-less gloves, or other similar alternatives.

5.2.10.3. Utility gloves may be decontaminated for reuse if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

5.2.11. Masks, Eye Protection, and Face Shields.

5.2.11.1. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

5.2.11.2. Masks and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated.

5.2.12. Resuscitation Devices. Devices with one-way valves will be used to resuscitate a person. These devices may be mouthpieces, resuscitation bags, pocket masks or other ventilation devices. Use mouth-to-mouth resuscitation without barrier as a last resort.

5.2.13. Housekeeping.

5.2.13.1. All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

5.2.13.2. Broken glassware that may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps.

5.3. Training.

5.3.1. Training must be provided upon initial job assignment and at least annually thereafter. Employees who have received appropriate training within the past year need only receive additional training in items not previously covered. Training must include the following.

5.3.1.1. Provide access to a copy of the Blood Borne Pathogen Standard and an explanation of its contents.

5.3.1.2. A general explanation of the epidemiology and symptoms of blood borne diseases and modes of transmission of blood borne pathogens.

5.3.1.3. An explanation of the Exposure Control Plan. This AWI is the Exposure Control Plan for the base.

5.3.1.4. Method for recognizing tasks or activities that may involve exposure to blood and other infectious materials.

5.3.1.5. Procedures to follow in order to prevent or reduce exposures, including engineering controls, work practices, and personal protective equipment. Information on the proper usage, location, removal, handling, decontamination and disposal of personal protective equipment should be in the training section.

5.3.1.6. Personal protective equipment availability, location, and use.

5.3.1.7. Information on Hepatitis B vaccine to include side effects and benefits, method of administration, will be offered free of charge.

5.3.1.8. Procedures to follow in response to emergencies involving blood and other infectious materials.

5.3.1.9. How to handle exposure incidents, the post-exposure evaluation and follow-up programs. Report sharp injuries to your department and have the injury recorded in the Sharp Injury Log. The number of sharp injuries per year is reported to the BEE Office to be recorded on the OSHA Injury Log.

5.3.1.10. Explanation of signs/labels and/or color-coding.

5.3.1.11. There must be opportunity for questions and answers, and the trainer must be knowledgeable in the subject matter.

5.3.2. Supervisor should document the training on the AF Form 55, Employee Safety and Health Record, or an equivalent method.

5.3.3. A Blood Borne Pathogens training videotape is available from the BEE Office, 713-1608, upon request.

5.4. Hepatitis B Vaccination.

5.4.1. Vaccinations must be annotated in the shot record. All personnel requiring Hepatitis B must be vaccinated as soon as possible. Contact 934 ASTS for vaccination scheduling.

5.4.2. Hepatitis B vaccination will be provided within the first UTA for reservists, or within 10 working days of assignment for full-time personnel.

5.4.3. Reserve medical personnel are required to accept vaccination. Based on exposure determination, all other identified reserve personnel are required to accept vaccination.

5.4.4. Civilian/ART/AAFES workers and Hepatitis B shots.

5.4.4.1. The shop supervisor has the civilian/ART fill out the 934 AW Form 17, Hepatitis B Vaccination, in which the civilian worker/ART declines the hepatitis B shots or decides to have the hepatitis B shots.

5.4.4.2. The completed 934 AW Form 17 is sent to ASTS to go into the worker's medical records.

5.4.4.3. The shop supervisor has the worker go to an off-site clinic for the shots.

5.4.4.4. The shop supervisor will email ASTS the dates the worker had received the hepatitis B shots, so ASTS can update his/her medical record of receiving the shot. ASTS needs to keep the medical records for hepatitis B shots for the duration of the worker's employment at the base plus 30 years.

5.4.5. Civilian workers are offered vaccination based on exposure determination, but may refuse. Workers refusing Hepatitis B must sign a declination statement, 934 AW Form 17, Hepatitis B Vaccination. Workers who initially refuse the vaccination may receive the vaccine any time during employment.

5.4.6. The civilian employee will not receive the Hepatitis vaccination series if he/she has previously received the complete B vaccination series or antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

5.4.7. Hepatitis B vaccine and vaccination series will be made available to the employee at no cost. An accredited laboratory shall conduct all laboratory tests at no cost to the employee.

5.4.8. Contract employees will be covered by their employer's occupational safety and health programs.

5.4.9. A copy of the OSHA Blood borne Pathogen standard 1910.1030 will be provided to the base health care professionals.

5.5. Post-Exposure Evaluation and Follow-Up.

5.5.1. Civilian/ART with a bloodborne pathogen injury.

5.5.1.1. The injured person tells his/her supervisor that he/she has been injured.

5.5.1.2. The supervisor and injured person fills out electronic version of the CA-1 Form, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation. The AFPC website is **https://cacdiucs3.cpms.osd.mil/portal/portal.html** and the supervisor clicks on the Claim Creation to do a CA-1 form and submits it to AFPC Injury Compensation Office.

5.5.1.3. The worker sees his/her private doctor for the evaluation/treatment of the injury. The medical doctor should do the items in sections **5.5.4** and **5.6**.

5.5.1.4. The Injury Compensation Office decides if the injury is work related and if the medical costs will be paid (money from the worker's compensation funds).

5.5.2. AAFES worker with a bloodborne pathogen injury.

5.5.2.1. The injured person tells his/her supervisor that he/she has been injured.

5.5.2.2. The supervisor and injured person fills out an electronic form of LS-201, Notice of Employee's Injury or Death and LS-1, Request for Examination and/or

Treatment. The electronic forms are at the SAIS (Services Agency Information System website. The completed forms are sent to USAF AFPC Worker's Compensation Section.

5.5.2.3. The worker sees his/her private doctor for the evaluation/treatment of the injury. The medical doctor should do the items in sections **5.5.4**. and **5.6**.

5.5.2.4. The Worker's Compensation Section decides if the injury is work related and if the medical costs will be paid (money from Worker's Compensation funds).

5.5.3. Reservist with a bloodborne pathogen injury.

5.5.3.1. Reservist will report his/her injury to his/her supervisor and the 934 ASTS will send the reservist to the VA Medical Center for evaluation/treatment. The medical doctor should do the items in sections **5.5.4** and **5.6**.

5.5.4. The employee shall be given a confidential medical evaluation and follow-up including the following items by the medical doctor.

5.5.4.1. Documents the routes of exposure and the circumstances under which the exposure incident occurred. The shop supervisor will give the injured worker a copy of the exposure incident investigation form, 934 AW Form 20, Post-Exposure Evaluation and Follow-Up, for the medical doctor to complete. The completed Form 20 will be given to ASTS to go into his/her medical record.

5.5.4.2. Identification and documentation of the source individual, if possible. Test the source individual's blood for HBV and HIV infectivity. Get consent from civilian source individuals on a 934 AW Form 18, Consent for Human Immunodeficiency Virus (HIV) Antibody Testing (Source Person). Results of the tests shall be made available to the exposed employee and that the test results are confidential.

5.5.4.3. Test the exposed employee's blood (consent from the civilian employee on 934 AW Form 19, Consent for Human Immunodeficiency Virus (HIV) Antibody Testing (Exposed Civilian Employee's Blood) for HBV and HIV serological status.

5.5.4.4. Counseling of the exposed employee.

5.5.4.5. Evaluation of reported illness.

5.5.5. Information to be provided to the healthcare professional evaluator (each squadron responsibility).

5.5.5.1. A copy of the blood borne pathogen standard.

5.5.5.2. A description of the exposed employee's duties as they related to the exposure incident.

5.5.5.3. Documentation of the routes of exposure and circumstances under which exposure occurred.

5.5.5.4. Results of the source individual's blood testing, if available.

5.5.5.5. All medical records relevant to the appropriate treatment of the employee including vaccination status.

5.6. Healthcare Professional (HCP) Written Opinion.

5.6.1. The written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

5.6.2. The written opinion for post-exposure and follow up shall be limited to the following information:

5.6.2.1. The employee has been informed of the results of the evaluation.

5.6.2.2. The employee has been told about any medical conditions, which require further evaluation or treatment.

5.6.2.3. All other findings or diagnoses shall remain confidential and shall not be included in the written report.

5.6.3. Upon completion of the evaluation by the HCP, a copy of the report will be sent to the employee within 15 days.

5.7. Record Keeping.

5.7.1. The medical records shall include the following.

5.7.1.1. The name and social security number of the employee.

5.7.1.2. A copy of the employee's Hepatitis B vaccination status including the dates of all the Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.

5.7.1.3. A copy of all results of examinations, medical testing, and follow-up procedures.

5.7.1.4. A copy of the HCP's written opinion.

5.7.1.5. A copy of the information provided to the healthcare professional.

5.7.2. Medical records will be kept for each employee with occupational exposure for the duration of employment plus 30 years in accordance with OSHA standard 1910.30.

5.7.3. AF will maintain medical records of inactive reserve personnel with final destination of the military records depository in St Louis MO. Civilian medical records will be maintained according to established civil service procedures.

5.7.4. The original declination statement of civilian workers must be filed in the worker's occupational medical record.

5.7.5. The employee medical records are kept confidential and are not disclosed or reported without the employee's written consent to any person within or outside the workplace except as required by this section or as required by law.

5.7.6. The employee may request in writing to examine and copy his/her own medical records.

TODD J. MCCUBBIN, Colonel, USAFR
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## Attachment 1

## GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

***References***

Crashed, Damaged, Disabled Aircraft Recovery (CDDAR Maintenance Technical Manual) TO 00-80C01

OSHA Standard 1910.1030, Blood Borne Pathogens

***Prescribed Forms***

934 AW Form 17, Hepatitis B Vaccination

934 AW Form 18, Consent for HIV Antibody Testing (Source Person)

934 AW Form 19, Consent for HIV Antibody Testing (Exposed Civilian Employee's Blood)

934 AW Form 20, Post-Exposure Evaluation and Follow-Up

***Adopted Forms***

AF Form 55, Employee Safety and Health Record

CA-1 Form, Federal Employee’s Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation

LS-1, Request for Examination and/or Treatment From

LS-201, Notice of Employee’s Injury or Death Form

***Abbreviations and Acronyms***

**AAFES**—Army Air Force Exchange Service

**AES**—Aeromedical Evacuation Squadron

**AF**—Air Force

**AFI**—Air Force Instruction

**AFPC**—Air Force Personnel Center

**AFPD**—Air Force Policy Directive

**AFRC**—Air Force Reserve Command

**ART**—Air Reserve Technician

**ASTS**—Aeromedical Staging Squadron

**AW**—Airlift Wing

**CDDAR**—Crashed, Damaged, Disabled Aircraft Recovery

**CES**—Civil Engineering Squadron

**DoD**—Department of Defense

**ECP**—Blood Borne Pathogen Exposure Control Procedures

**FSS**—Force Services Squadron

**HBV**—Hepatitis B Virus

**HCP**—Healthcare Professional

**HIV**—Human Immunodeficiency Virus

**MSG**—Mission Support Group

**OPR**—Office of Primary Responsibility

**OSHA**—Occupational Safety and Health Agency

**SAIS**—Services Agency Information System

**SGPB**—Bioenvironmental Engineering/Public Health Office

**TDY**—Temporary Duty

**TO**—Technical Order

**TR**—Traditional Reservist

**UTA**—Unit Training Assembly

**VA**—Veterans Administration